SEC Mall Mall Propersing Section UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

### FORM D

11AY 23 2008

Washington, DC

108

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB No.	3235-	0076					
Expires:	Expires: April 30, 2008						
Estimated average burden hours per response16							
SEC USE ONLY							
Prefix Serial							
DATE RECEIVED							

Name of Offering (  check if this is an amendment and name has changed, and indicate change.)  PluggedIn Media Corp. – Series A1 Preferred Stock Financing								
Filing Under (Check box(es) the Type of Filing:  New Filing	at apply):	☐ <u>Rule 505</u>	☑ <u>Rule 506</u>	Section 4(6)	☑ ULOE			
	A. BASIC	IDENTIFICATIO	ON DATA	JUN 022008				
Enter the information reques	ted about the issuer		THO	MSON REUTER	S			
Name of Issuer  (check if this	s is an amendment and name	has changed, a	nd indicate char	ige.) Pluggedin Med	dia Corp.			
Address of Executive Offices 1630 Stewart Street, Suite 14	(Number and Street, City, 0, Santa Monica, CA 90404	State, Zip Code	) Te	lephone Number (In (310) 453-25	<del>-</del>			
Address of Principal Business (if different from Executive Office		eet, City, State,	Zip Code) Tel	ephone Number (Inc	cluding Area Code)			
Brief Description of Business	Internet portal		1					
Type of Business Organization  ☑ corporation ☐ business trust	☐ limited partnership, alrea☐ limited partnership, to be	•	☐ other (please	08048	009			
Actual or Estimated Date of Inc	•		rvice abbreviation	☑ Actual ☐ Estima on for State: D][E]	ated			

### **GENERAL INSTRUCTIONS**

### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form, Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

# A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer: Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: ☑ Promoter ☐ Beneficial Owner ☑ Executive Officer ☑ Director ☐ General and/or Managing Member Full Name (Last name first, if individual) O'Brien, Brett Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Stewart Street, Suite 140, Santa Monica, CA 90404 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☑ Director ☐ General and/or Managing Member Full Name (Last name first, if individual) Welk, Kevin P. Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Stewart Street, Suite 140, Santa Monica, CA 90404 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Member Full Name (Last name first, if individual) The Murphy O'Brien Family Trust ult/d 5/7/99 Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Stewart Street, Suite 140, Santa Monica, CA 90404 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Member Full Name (Last name first, if individual) Aguhob, John Jason Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Stewart Street, Suite 140, Santa Monica, CA 90404 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Member Full Name (Last name first, if individual) Gaa, John B. Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Stewart Street, Suite 140, Santa Monica, CA 90404 Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☑ Executive Officer ☐ Director ☐ General and/or Managing Member Full Name (Last name first, if individual) Jeffrey P. Somers, Jr. Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Stewart Street, Suite 140, Santa Monica, CA 90404

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Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Member	
Full Name (Last name first, if individual) Overbrook Entertainment, Inc.		
Business or Residence Address (Number and Street, City, State, Zip Code) 450 N. Roxbury Drive, 8 <sup>th</sup> Floor, Beverly Hills, CA 90210		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☑ Director	General and/or Managing Member	
Full Name (Last name first, if individual) Charles N. Kenworthy		
Business or Residence Address (Number and Street, City, State, Zip Code) 1630 Stewart Street, Suite 140, Santa Monica, CA 90404		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Member	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Member	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Member	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director	General and/or Managing Member	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		
Check Box(es) that Apply:  Promoter Beneficial Owner Executive Officer Director	General and/or Managing Member	
Full Name (Last name first, if individual)		
Business or Residence Address (Number and Street, City, State, Zip Code)		

					В.	INFORM	ATION A	BOUT OF	FERING					
1. Has	the issu	er sold, o	r does th								?		Yes□	No ☑
				An	swer also	in Appei	ndix, Colu	ımn 2, if fi	ling under	ULOE.				
2. Wha	at is the r	ninimum	investme	ent that w	ill be acc	epted fro	m any ind	lividual?					\$ <u></u>	N/A
3. Doe	s the offe	ering peri	mit joint o	ownership	o of a sing	gle unit?		• • • • • • • • • • • • • • • • • • • •					Yes☑	No 🗆
any o offeri and/o	commissi ng. If a p or with a	on or simerson to state or s	nilar remu be listed states, lis	ineration I is an as st the nar	for solicit sociated ne of the	tation of p person of broker o	ourchaser er agent o er dealer.	s in connot f a broke If more th	ection witi r or deale ian five (5	n sales of r register ) persons	ctly or ind securities ed with th s to be list or dealer	s in the e SEC ted are		
Full Na	ame (Las	t name fi	rst, if ind	ividual)	N/A									
Busine	ss or Re	sidence	Address	(Number	and Stre	et, City, S	State, Zip	Code)						
Name	of Assoc	ciated Bro	ker or D	ealer	N/A									
•						ends to S	olicit Purc	chasers			All States	•		
•				vidual Sta		(CT)	וחבו	וחכז	ובו ז		[HI]	s [ID]		
[AL]	[AK]	[AZ]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[MS]	[MO]	1	
(IL) [MT]	[IN] [NE]	(IA) [NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]		
(RI)	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[VV]	[PR]		
Full Na	ame (Las	t name fi	rst, if ind	ividual)	N/A							•		
Busine	ess or Re	sidence .	Address	(Number	and Stre	et, City, S	State, Zip	Code)						-
Name	of Assoc	ciated Bro	ker or D	ealer	N/A					<u>-</u>				
States	in Which	n Person	Listed H	as Solicit	ed or Inte	ends to S	olicit Purc	chasers						
(Check	k "All Sta	tes" or cl	neck indi	vidual Sta	ates)						All State:	s		
[AL]	[AK]	(AZ)	[AR]	[CA]	[CO]	[CT]	(DE)	[DC]	(FL)	[GA]	[HI]	[ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	(MO		
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD] 	[TN]	[TX]	[UT]	[(/T]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	_	
Full Na	ame (Las	st name fi	irst, if ind	ividual)	N/A	,								
Busine	ess or Re	esidence	Address	(Number	and Stre	et, City, S	State, Zip	Code)						
Name	of Assoc	ciated Bro	oker or D	ealer	N/A									
				as Solicit vidual Sta		ends to S	olicit Purc	chasers			l All State	s		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	(FL)	[GA]	[HI]	- [ID]		
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	(MS)	[MO	]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	(OR)	[PA]		
(RI)	[SC]	[SD]	[TN]	[TX]	[עדן]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS 1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ......\$ -0-1,000,000 Equity ...... \$\_ 1,000,000 [ ] Common [X] Preferred Convertible Securities (including warrants).....\$ Partnership Interests ......\$\_ -0--0-Other (Specify): \_\_\_\_\_\_\$\_ -0--0-1,000,000 Total \$ 1,000,000 Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases 1,000,000 Accredited Investors Non-accredited Investors -0--0-N/A N/A Answer also in Appendix, Column 4, if filing under ULOE. 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. **Dollar Amount** Type of Security Sold Type of offering -0-N/A N/A -0-Regulation A N/A -0--0-N/A 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Legal Fees ...... 🗹 \$\_\_\_ Other Expenses (identify)

	C. OFFERING PRICE, NUMBER C	OF INVESTORS, EXPENSES AND U	JSE OF I	PROCEED	S
b.	Enter the difference between the aggregate offering Question 1 and total expenses furnished in respor difference is the "adjusted gross proceeds to the issue	nse to Part C - Question 4.a. This	;	\$ <u>965,</u>	000
5.	Indicate below the amount of the adjusted gross proceed to be used for each of the purposes shown. If the and furnish an estimate and check the box to the left payments listed must equal the adjusted gross puresponse to Part C - Question 4.b above.	nount for any purpose is not known, t of the estimate. The total of the			
			Ó Dire	ments to fficers, ectors, & ffiliates	Payments To Others
	Salaries and fees		□ \$		<b></b>
	Purchase of real estate		□ \$		□ \$
	Purchase, rental or leasing and installation of machi	inery and equipment	□ \$		□ \$
	Construction or leasing of plant buildings and facilitie	es	□ \$		□ \$
	Acquisition of other businesses (including the value offering that may be used in exchange for the asset pursuant to a merger)	s or securities of another issuer			□ \$
	Repayment of indebtedness				<b></b>
	Working capital		<b>-</b> \$		<b>☑</b> \$ <u>965,000</u>
	Other (specify):		□ \$		<b></b> \$
			□ s		□ \$
	Column Totals				
	Total Payments Listed (column totals added)			函 ⊅ <u>∵</u>	965,000
_	D.	FEDERAL SIGNATURE			
fo	e issuer has duly caused this notice to be signed by the lowing signature constitutes an undertaking by the issuguest of its staff, the information furnished by the issue	uer to furnish to the U.S. Securities a	nd Excha	ange Comi	mission, upon writte
ls	suer (Print or Type)	Signature		Date	
P	luggedin Media Corp.			Apri	il <u>3&gt;</u> , 2008
N	ime of Signer (Print or Type)	Title of Signer (Print or Type)			
	effrey P. Somers, Jr.	Chief Executive Officer			

# ATTENTION Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE	
	presently subject to any of the disqualification	
rule (	See Appendix, Column 5, for state response.	
<ol><li>The undersigned issuer hereby undertak Form D (17 CFR 239.500) at such times</li></ol>	es to furnish to any state administrator of any as required by state law.	state in which this notice is filed a notice on
<ol><li>The undersigned issuer hereby undertak issuer to offerees.</li></ol>	es to furnish to the state administrators, upon	written request, information furnished by the
limited Offering Exemption (ULOE) of the	the issuer is familiar with the conditions that me state in which this notice is filed and understanthing that these conditions have been satisfied.	ust be satisfied to be entitled to the Uniform nds that the issuer claiming the availability of
The issuer has read this notification and known undersigned duly authorized person.	ows the contents to be true and has duly cause	d this notice to be signed on its behalf by the
Issuer (Print or Type)	Signature	Date
Pluggedin Media Corp.	9	April <u>ح</u> ى, 2008
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Jeffrey P. Somers, Jr.	Chief Executive Officer	

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

## **APPENDIX**

					4			<del> </del>	
1	to acc inve	2 nd to sell non- credited estors in State B-Item 1)	3 Type of security and aggregate offering price offered in state (Part C-Item 1)		under State (if yes, att explanatio waiver gra	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL					. <u>-</u>				<del>  </del>
AK							<u> </u>		
AZ			<u> </u>				<del>                                     </del>		
AR					Onto Ad Distance		-		
CA		Х	Series A1 Preferred Stock \$1,000,000	1	Series A1 Preferred Stock \$1,000,000	0		<del></del>	X
co									
СТ			<u> </u>				<del> </del>	<i></i>	<del>  </del>
DE									
DC	-		<u> </u>	-			<del> </del>		<del>- </del>
FL							<del> </del>		+
GA HI				<u></u>		<u> </u>	<del>                                     </del>		+
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KS			<u> </u>						
KY									
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MD							ļ		
MA									<u> </u>
MI									
MN	ļ			<u> </u>			-		
MS	<u> </u>		<u> </u>		<u></u>	<u> </u>	1		
MO		1	<u>                                      </u>	<u> </u>		<u> </u>	-		1
NE	-					<u> </u>	-		+
NV				<del> </del>		<u> </u>			
NH				<u> </u>			1		1
NJ		<del> </del>		<del> </del>			1		
NM									
NY	<u> </u>	<b> </b>							
NC	†						1		
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ОК							<u> </u>		
OR							<u> </u>		<u> </u>
PA	ļ			<u> </u>					
RI				[	1			İ	

1	2 Intend to sell to non- accredited investors in State (Part B-Item 1)	rend to sell Type of security and aggregate amount purchased in State coredited offering price offered in state (Part C-Item 1)					
SC							
SD							
TN							
TX							
UT							
VT							
VA							
WA							
W							
WI							
WY							
PR							

